## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

029815-0103

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                       |                                    |                  |                            |       | SMALL ENTITY TYPE |                        |          | OTHER THAN R SMALL ENTITY |                                       |
|--|---|---|-----------------------|------------------------------------|------------------|----------------------------|-------|-------------------|------------------------|----------|---------------------------|---------------------------------------|
| T  | OTAL CLAIMS   | 3   | 49                    |                                    |                  |                            |       | RATE              | FEE                    | 7        | RATE                      | FEE                                   |
| FC   | DR .  |   | NUMBER FILED          |                                    | NUMBER EXTRA     |                            |       | BASIC FE          | E 385.00               | OR       | BASIC FEE                 | 770.00                                |
| TO   | TAL CHARGE  | ABLE CLAIMS                               | 49 minus 20=          |                                    | * 29             |                            |       | X\$ 9=            | 261                    | OR       | X\$18=                    |                                       |
| INI  | DEPENDENT C   | CLAIMS                                    | @ minus 3 =           |                                    | *3               |                            |       | X43=              | 1                      | 1        | X86=                      |                                       |
| Мι   | ILTIPLE DEPE  | NDENT CLAIM P                             | RESENT                |                                    |                  |                            |       |                   | 129                    | OR       |                           |                                       |
| * If   | the difference  | less than 7                               | ss than zero, enter " |                                    | column 2         | ı                          | +145= | ļ.,               | OR                     | +290=    |                           |                                       |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                       |                                    |                  |                            | TOTAL | 775               | OR                     | TOTAL    |                           |                                       |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2) |   |                       |                                    |                  |                            |       | SMALL             | ENTITY                 | OR       | OTHER<br>SMALL            |                                       |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>OUSLY     | PRESENT<br>EXTRA           |       | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus                 | **                                 |                  | =                          |       | X\$ 9=            |                        | OR       | X\$18=                    |                                       |
| AME  | Independent   | * .                                       | Minus                 | ***                                |                  | =                          |       | X43=              |                        | OR       | X86=                      |                                       |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                       |                                    |                  |                            |       | +145=             |                        | OR       | +290=                     |                                       |
|  |   |   |                       |                                    |                  |                            | Ĺ     | TOTAL             |                        | ┨┈╻      | TOTAL                     |                                       |
| (Column 1) (Column 2) (Column 3)   |   |   |                       |                                    |                  |                            |       | ADDIT. FEE        | <u> </u>               | <b>_</b> | ADDIT. FEE                |                                       |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHE<br>NUME<br>PREVIO<br>PAID F  | BER<br>USLY      | PRESENT<br>EXTRA           |       | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus                 | **                                 |                  | =                          |       | X\$ 9=            |                        | OR       | X\$18=                    |                                       |
|  | Independent   | *   | Minus                 | ***                                |                  | =                          |       | X43=              | \                      | OR       | X86=                      |                                       |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                       |                                    |                  |                            |       |                   |                        | 1        | +290=                     |                                       |
|  |   |   |                       |                                    |                  |                            |       | +145=<br>TOTAL    | •                      | OR       | TOTAL                     | · · · · · · · · · · · · · · · · · · · |
| (Column 1) (Column 2) (Column 3)   |   |   |                       |                                    |                  |                            |       | DDIT. FEE         |                        | OR ,     | ODIT. FEE                 |                                       |
| MEN  |   | CLAIMS REMAINING AFTER AMENDMENT          | ·                     | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY | (Column 3) . PRESENT EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE                |
|  | Total   | *   | Minus                 | **                                 |                  | <b>=</b> .                 |       | X\$ 9=            |                        | OR       | X\$18=                    |                                       |
|  | Independent   |   | Minus                 | ***                                |                  | =                          | -     | X43=              |                        |          | X86=                      |                                       |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                       |                                    |                  |                            |       | +145=             |                        | OR       |                           |                                       |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |   |                       |                                    |                  |                            |       |                   |                        | OR       | +290=<br>TOTAL            |                                       |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                       |                                    |                  |                            |       |                   |                        |          |                           |                                       |